



FY 2003 STATE HOMELAND SECURITY GRANT PROGRAM

PERSONAL PROTECTIVE EQUIPMENT ORDER FORM



Municipality: _____

Fax completed form to (203) 805-6331 to ensure inclusion in FY 2003 State Homeland Security Grant Program.

HAZMAT TEAM			
Level A Chemical Protective Suit			
Item	Item #	Size	Qty
Dupont Tychem TK Commander EX Brigade Front Entry	TKXF91	Small	
		Medium	
		Large	
		X Large	
		2X Large	
		3X Large	
Reusable Tychem TK Training Suit	TKX632	Small	
		Medium	
		Large	
		X Large	
		2X Large	
		3X Large	
Gloves		7	
		8	
		9	
		10	
		11	
Boots		8	
		9	
		10	
		11	
		12	
		13	
Envoy System Necessary Information – In Suit Communications Interface			
Radio Make:		Radio Model:	
SCBA type (for spare cylinder)			
Signature indicates review and approval of the above sizing.			
(Signature of Fire Chief)			



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FIRE DEPARTMENT Level B Chemical Protective Clothing			
Item	Item #	Size	Qty
Dupont Tychem Coverall w/attached respirator fit hood and boots	TK124	Small	
		Medium	
		Large	
		X Large	
		2X Large	
		3X Large	
		4X Large	
Gloves		7	
		8	
		9	
		10	
		11	
Boots Will be worn over shoes and coverall		Large	
		X Large	
		2X Large	
Signature indicates review and approval of the above sizing.			
(Signature of Fire Chief)			

POLICE DEPARTMENT Level C Chemical Protective Clothing			
Item	Item #	Size	Qty
Dupont Tychem Coverall w/attached respirator fit hood and boots	LV96124	Small	
		Medium	
		Large	
		X Large	
		2X Large	
		3X Large	
		4X Large	
Gloves		7	
		8	
		9	
		10	
		11	
Boots Will be worn over shoes and coverall		Large	
		X Large	
		2X Large	
Masks 65 % of wearers are medium 35 % of wearers are large (Small women wear a small)		Small	
		Medium	
		Large	
Signature indicates review and approval of the above sizing.			
(Signature of Police Chief)			



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EMERGENCY MEDICAL SERVICE Level C Chemical Protective Clothing			
Item	Item #	Size	Qty
Dupont Tychem Coverall w/attached respirator fit hood and boots	BR95124	Small	
		Medium	
		Large	
		X Large	
		2X Large	
		3X Large	
Gloves		4X Large	
		7	
		8	
		9	
		10	
Boots		11	
		Large	
		X Large	
		2X Large	
Masks		Small	
		Medium	
		Large	
65 % of wearers are medium 35 % of wearers are large (Small women wear a small) Signature indicates review and approval of the above sizing.			
(Signature of EMS Director)			

CONTACT:

The following individual is designated as point of contact to coordinate efforts between _____ and DPS/DHS. This individual will be responsible to notify DPS/DHS of discrepancies with order immediately upon receipt.

Name: _____ Title: _____

Tele: _____ Fax: _____

E-Mail: _____

DELIVERY LOCATION:

All personal protection equipment will be shipped to a central location within the Municipality. The Municipality will be responsible to receive and distribute the equipment to the appropriate Fire, Police and EMS location.

Location: _____

Address: _____

Signature indicates review and approval of the contents of this form.

_____ (CEO of Municipality)